

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003176

FILED
Jan 21, 2016
Secretary of State
CC1142912426

Entity Name: CALLAN ASSOCIATES INC.

Current Principal Place of Business:

600 MONTGOMERY STREET
SUITE 800
SAN FRANCISCO, CA 94111

Current Mailing Address:

600 MONTGOMERY STREET
SUITE 800
SAN FRANCISCO, CA 94111 US

FEI Number: 94-2192581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CD
Name PEYTON, RONALD D
Address 600 MONTGOMERY STREET
SUITE 800
City-State-Zip: SAN FRANCISCO CA 94111

Title D
Name BONNETTE, DAVID F
Address 26 MAGNOLIA DRIVE
City-State-Zip: ATHERTON CA 94027

Title CFO
Name TAYLOR, SUSAN L
Address 600 MONTGOMERY STREET
SUITE 800
City-State-Zip: SAN FRANCISCO CA 94111

Title EVPD, COO
Name DE LUCE, ANN C
Address 600 MONTGOMERY STREET
SUITE 800
City-State-Zip: SAN FRANCISCO CA 94111

Title PD
Name ALLEN, GREGORY C
Address 600 MONTGOMERY STREET
SUITE 800
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR
Name O'LEARY, JR., MICHAEL J
Address 14602 WCR7
City-State-Zip: MEAD CO 80542

Title SECRETARY
Name SANGALANG, ROSANNA
Address 600 MONTGOMERY STREET
SUITE 800
City-State-Zip: SAN FRANCISCO CA 94111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSANNA SANGALANG

CORPORATE SECRETAR 01/21/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date